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MORRISON & FOERSTER LLP
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To:

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office M/S AF	(703) 872-9306	

FROM: Robert E. Scheid (Reg. No. 42,126)**DATE:** April 15, 2005

Number of pages with cover page: 8

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Contents of this Transmission:

Atty Docket No.:306812002601

Inventor: David M. LEWIS et al.

Application No.: 10/623,709

Filing Date: July 21, 2003

Group Art Unit: 2819

Examiner: D. P. Le

Title: ROUTING ARCHITECTURE FOR A PROGRAMMABLE LOGIC DEVICE

Documents Filed:

Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Amendment (3 pages)

Terminal Disclaimer (1 page)

Facsimile Return Receipt Cover Sheet

Sender's Initials:

RES4/jxh3

Date

April 15, 2005

sf-1912279

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/623,709
		Filing Date	July 21, 2003
		First Named Inventor	David LEWIS
		Art Unit	2819
		Examiner Name	D. P. Le
Total Number of Pages in This Submission	7	Attorney Docket Number	306812002601

ENCLOSURES (Check all that apply)

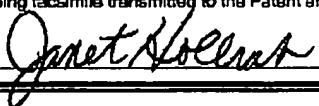
<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply (3 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Terminal Disclaimer (1 page) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Return Receipt Cover Sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Robert E. Scheid		
Date	April 15, 2005	Reg. No.	42,126

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-8306, on the date shown below.

Dated: April 15, 2005

Signature: 

(Janet Hollrah)

sf-1891723

PTO/SB/17 (12-04v2)
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Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known		
		Application Number	10/623,709	
		Filing Date	July 21, 2003	
		First Named Inventor	David LEWIS	
		Examiner Name	D. P. Le	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art. Unit	2819	
TOTAL AMOUNT OF PAYMENT	(\$)	130.00	Attorney Docket No.	306812002601

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	03-1952	Deposit Account Name:	Morrison & Foerster LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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| <input checked="" type="checkbox"/> | Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> | Credit any overpayments |

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fees (\$)	Small Entity Fees (\$)	Fees (\$)	Small Entity Fees (\$)	Fees (\$)	Small Entity Fees (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<input type="checkbox"/>	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200	100
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Multiple dependent claims

360	180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
25	25 = 0	x 50	= 0

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
0	

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	3 = 0	x 200	= 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	0

4. OTHER FEE(S)

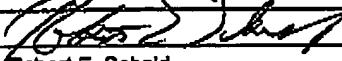
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)
0

Other (e.g., late filing surcharge): 1814 Statutory Disclaimer

130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,128
Name (Print/Type)	Robert E. Scheid	Date	Telephone (415) 268-6369
			April 15, 2005

sf-1912340

DUPLICATE COPY FOR FEE PROCESSING

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4814).
Effective on 12/03/2004.

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 130.00
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Complete if Known

Application Number	10/623,709
Filing Date	July 21, 2003
First Named Inventor	David LEWIS
Examiner Name	D. P. Le
Art Unit	2819
Attorney Docket No.	306812002601

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
25	25-	0	x 50	= 0		0
2	-3=	0	x 200	= 0		0

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

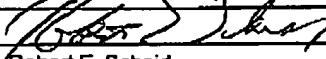
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer

Fees Paid (\$)

0

130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	42,128	Telephone	(415) 288-6369
Name (Print/Type)	Robert E. Scheid	Date	April 15, 2005		

sf-1912340